


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90193 020 ***158.75

DOCUMENT # P01000033021	
1. Entity Name JUNGLEROOM INVESTMENTS, INC.	

Principal Place of Business 2852 - 20TH AVENUE NORTH ST. PETERSBURG, FL 33713	Mailing Address P O BOX 48668 ST. PETERSBURG, FL 33743 US
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
City & State	City & State
Zip	Country

40082531



04212006 Chg-P CR2E034 (11/05)

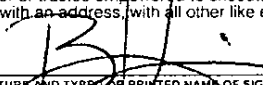
6. Name and Address of Current Registered Agent DOLAN, MARK R 2852 - 20TH AVENUE NORTH SUITE 1000 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2852 - 20TH AVE N. City ST. PETERSBURG FL Zip Code 33713	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE _____ DATE 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMIL, BRUCE C PO BOX 48668 ST. PETERSBURG, FL 33743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/30/06 Daytime Phone # 727.638.8090